Flexitour Work Schedule Request

U.S. Department of Housing and Urban Development

Employee's Name:		Organization	Organization Name:		Date of this Request (must be submitted at least 3 workdays prior to the start of the pay period in which the change takes place):	
Employee's Signature:		Date of last w	Date of last work schedule change:		Proposed Effective Date (the beginning of a pay period):	
The designated flexitour sched This schedule must be adhere				urs of 7:00 a.m 9:3	30 a.m., Monday through Friday.	
		Arrival Time	Departure 7	Time		
Current Work Schedule:						
Proposed Flexitour Work Scho	edule:					
Supervisor's sig		's signature & date:		Effective date:	Next work schedule change may be made no earlier than:	
Disapproved						
Record of Flexitour Schedul This Record is retained in the deviation in arrival time, not to Date of Deviation	employee's tim		y period, provided tha	at the 8-hour workda	yee may be approved a one day by requirement is met. or's Signature	
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Forms Supply: Individuals may copy this form on office copiers as needed.